
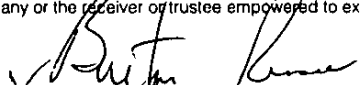


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90351 025 \*\*\*\*50.00

<b>DOCUMENT # M01000001469</b> 1. Entity Name <b>RISSMAN INVESTMENT COMPANY, L.L.C.</b>					
Principal Place of Business 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076		Mailing Address 21411 CIVIC CENTER DRIVED, SUITE 306 SOUTHFIELD, MI 48076			
2. Principal Place of Business - No P.O. Box # <b>25899 W. 12 MILE RD.</b>		3. Mailing Address <b>25899 W. 12 MILE RD</b>			
Suite, Apt. #, etc. <b>SUITE 260</b>		Suite, Apt. #, etc. <b>SUITE 260</b>			
City & State <b>SOUTHFIELD MI</b>		City & State <b>SOUTHFIELD MI</b>			
Zip <b>48034</b> Country		Zip <b>48034</b> Country		02282007 Chg-LLC CR2E083 (12/06)	
4. FEI Number <b>38-6166307</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRAVERMAN, ARTHUR</b> <b>301 YAMATO RD</b> <b>BOCA RATON, FL 33431</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RISSMAN, ROBERT</b> 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25899 W. 12 MILE RD., SUITE 260</b> <b>SOUTHFIELD, MI 48034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RISSMAN, BURTON</b> 21411 CIVIC CENTER DRIVE, SUITE 306 SOUTHFIELD, MI 48076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>25899 W. 12 MILE RD., SUITE 260</b> <b>SOUTHFIELD, MI 48034</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR (Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: <b>4-5-07</b>		Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					